



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2988

<b>SERIAL NUMBER</b> 10/708,989	<b>FILING OR 371(c) DATE</b> 04/06/2004 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1709	<b>ATTORNEY DOCKET NO.</b> B0280US01
<b>APPLICANTS</b> Peter Unger, Stockholm, SWEDEN, Deceased; Birgitta Ekman Sparrman, Stockholm, SWEDEN, Legal Representative;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN PCT/SE02/01824 10/07/2002 SWEDEN 0103340-6 10/06/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/23/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowed		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>CM</i>		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 24994				
<b>TITLE</b> METHOD AND DEVICE FOR ANALYSIS OF A MEDICAL FLUID				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	